## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)			Office use only	
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
AEROJET & G	ENCORP PAC				
ADDRESS (number and s	P.O. BOX 13222				
(Check if address is changed)	SACRAMENTO		CA	95813   6000	
		CITY▲	STATE▲	ZIP CODE 📥	
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e	-mail address)			
(Check if address is changed)	brendan.king@aero	jet.com			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)				
(Check if address is changed)					
2. DATE M M M O 3	31 2010	C C00129122			
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)			
I certify that I have examin	ned this Statement and to the best of my kn	owledge and belief it is true, corre	ct and complete		
Type or Print Name of <sup>-</sup>	Treasurer SARUBBI CIND	Y			
Signature of Treasurer	Electronically Filed by SARUBB	I CINDY	Date 03	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of fals	se, erroneous, or incomplete information m.	ay subject the person signing this	•	s of 2 U.S.C. §437g.	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission	FEC FORM 1 (Revised 02/2009)	